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Drug Control Program

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Commissioner

**Massachusetts Controlled Substance Registration (MCSR)
Amended Information Form for Physicians**

Please read the following information carefully before completing the form:

Name Change

The name on your MCSR must reflect the name on your Board of Registration in Medicine (BORIM) License. In order to change the name on your MCSR you must first change your name with [BORIM](#).

MCSR Business Address Change

The business address of your MCSR is the address on the registration. Changing the address on the MCSR terminates the registration. If you are requesting to change the business address of your MCSR you must 1) apply for a new MCSR and 2) terminate your previous MCSR. All addresses are subject to disclosure on request (MGL c. 4, s. 7).

Fees

There are no fees associated with amending information using this form.

Amended Information Form Instructions

1. Items with an asterisk are mandatory.
2. Attest to the form by signing and dating the third page. The Drug Control Program cannot accept amended information forms without a signature.
3. When complete, send the amended information form by either email, fax, or mail:

Email: MCSR@massmail.state.ma.us

Fax: 617-753-8233

Mail: Bureau of Health Professions Licensure
Drug Control Program, Attn: MCSR
239 Causeway Street, 5th Floor Suite 500
Boston, MA 02114

Carefully Print or Type the Following Information:

First Name*:	Last Name*:	MCSR Number*:	Board License Number*:

Select All Changes that Apply:

- ☐ Name Change ☐ Person Address Change ☐ Business Phone Change
☐ Personal Email Change ☐ Personal Phone Change ☐ Business Email Change

<input type="checkbox"/> Name Change		
The name on your MCSR must reflect the name on your Board of Registration in Medicine (BORIM) License. In order to change the name on your MCSR you must first change your name with BORIM . Please print your name below as it appears on your Board of Registration license.		
Last Name:	First Name:	Middle Name:
Suffix:		

<input type="checkbox"/> Personal Address Change	
Print or type information as it <u>now appears</u> on your license: Address: City/Town: State: Zip code:	Print or type information as it will appear on your <u>new</u> license: Address: City/Town: State: Zip code:

<input type="checkbox"/> Personal Phone Number Change
()

<input type="checkbox"/> MCSR Business Phone Number Change
()

<input type="checkbox"/> Email Address

I hereby certify that, under pains and penalties of perjury, all of the information submitted in this form, and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this form is grounds for MCSR revocation or denial of the MCSR and may subject me to civil or criminal penalties. My signature on this MCSR form attests under penalties of perjury that, to the best of my knowledge and belief, I have complied with: state tax and child support laws M.G.L. c. 62C, section 49A); and the laws of the commonwealth of Massachusetts and all applicable rules and regulations of the Department of Public Health and the Drug Control Program.

Signature: _____

Date: _____